Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	55.7.65						
Submission	Identification Number (SID)						
Taxpayer's nam	e	Social securit	Social security number				
SONAL MI	ISHRA	841-81-	-5052				
Spouse's name		Spouse's soc	Spouse's social security number				
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Er	nter year you a	re auth	norizina.	<u> </u>		
	dollars only on lines 1 through 5.	itor your you a	o dati	1011211191	!		
	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	ted gross income		1	17	,042.		
2 Total	tax		2		318.		
3 Feder	ral income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	,292.		
	ınt you want refunded to you		4		974.		
5 Amou	ınt you owe		5				
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of yo	our retu	rn)		
return (origina to send my re for any delay i Agent to initial payment of my authorization payment, I my business days taxes to recei personal ident	e and belief, it is true, correct, and complete. I further declare that the amounts in Part I at I or amended) I am now authorizing. I consent to allow my intermediate service provider, trart turn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for n processing the return or refund, and (c) the date of any refund. If applicable, I authorize the tean ACH electronic funds withdrawal (direct debit) entry to the financial institution account y federal taxes owed on this return and/or a payment of estimated tax, and the financial instit is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the terminate of the confidential information of the payment (PIN) below is my signature for the income tax return (original or amended)	rejection of the tree U.S. Treasury an indicated in the tatution to debit the nate the authorizar equests must be the processing of the payment. I furt	onic retu ansmiss and its de ax prepa entry to ation. To receive the ele her ack	arn originatesion, (b) the esignated aration sofo this accoor revoke (ded no late ctronic paramonistics).	tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
	ds Withdrawal Consent. PIN: check one box only						
	thorize GLOBAL TAXES LLC to enter or general	ate my PIN	5 0	5 2	as my		
_	ERO firm name nature on the income tax return (original or amended) I am now authorizing.	ř Ent		igits, but all zeros	ao my		
□ I wi	Il enter my PIN as my signature on the income tax return (original or amended) I arou are entering your own PIN and your return is filed using the Practitioner PIN m						
Your signatu	re▶Date▶	-					
Snouse's Pl	N: check one box only						
•	thorize to enter or general	ate my PIN			as my		
	ERO firm name		er five d	igits, but	ao my		
sigr	nature on the income tax return (original or amended) I am now authorizing.	doı	n't enter	all zeros			
	Il enter my PIN as my signature on the income tax return (original or amended) I are used are entering your own PIN and your return is filed using the Practitioner PIN mow.						
Spouse's sig	nature ▶ Date ▶	•					
	Practitioner PIN Method Returns Only—continue bel	ow					
Part III	Certification and Authentication — Practitioner PIN Method Only						
ERO's EFIN	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ente	6 0 er all zer	8 2 7 os	1		
authorized to	ne above numeric entry is my PIN, which is my signature for the electronic individual incomfile for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am stoff the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in ac	ccordance			
ERO's signa	ture ▶ Date ▶	>					
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested T	o Do So					

Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn				ning, 2023, ending, 20					See separate instructions.		
Your first name and middle initial			Last na	Last name				Your identifying number			
								(see instructions)			
SONAL			MISH	MISHRA					841-81-5052		
Home address	(num	ber and street). If you have a P.O.	box, see ins	tructions.					Apt. no.		
1801 E 12	TH	STREET							401		
City, town, or p	ost o	ffice. If you have a foreign address	s, also comp	lete spaces below.			State	ZI	P code		
CLEVELAND)						ОН	44114			
Foreign country	nam	e	Foreign	Foreign province/state/county Foreign							
Filing	×	Single Married filing	☐ Estat	e 🗌 Trust							
Status		dent:									
Check only one box.				, , ,			•				
	۸+ ۵	nu time during 2002 did you (a)	· · · · · · · · · · · · · · · · · · ·	roward award ar nave	for m		a do o o \ . o v	b) call av	ahanga ay		
Digital Assets		ny time during 2023, did you: (a) r erwise dispose of a digital asset (c						D) Sell, ex			
Dependents	<u> </u>				, (qualifies for (see inst.):		
(see instructions):				(2) Dependent's	Chil			Ild tax credit Credit for other			
(,		(1) First name Last na	ame	identifying number	(3) Relationship to yo		J OITING		dependents		
If more than four											
dependents, see											
instructions and check here											
Income	1a	Total amount from Form(s) W-2,	hov 1 (see i	netructions)				1a	17,042.		
Effectively	b	Household employee wages not	`	,				1b	17,012.		
Connected	c	Tip income not reported on line		` '				1c			
With U.S.	d	Medicaid waiver payments not r	•	,				1d			
Trade or	е	Taxable dependent care benefit	1e								
Business	f	Employer-provided adoption be	1f								
A44 I-	g	Wages from Form 8919, line 6						1g			
Attach Form(s) W-2,	h	Other earned income (see instru	1h								
1042-S,	i	Reserved for future use									
SSA-1042-S, RRB-1042-S,	j	Reserved for future use	1j								
and 8288-A	k	Total income exempt by a treaty									
here. Also attach	_	line 1(e)				1k		4-	17 042		
Form(s)	z 2a	Add lines 1a through 1h Tax-exempt interest		1	 rahla int	oract		1z 2b	17,042.		
1099-R if	2a 3a										
tax was withheld.	4a										
If you did not	5a	Pensions and annuities	5a			nount		4b 5b			
get a Form	6	Reserved for future use	6								
W-2, see instructions.	7										
	8	Additional income from Schedul	8								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, a	9	17,042.							
	10	Adjustments to income from Scincome	10								
	11	Subtract line 10 from line 9. This	11	17,042.							
	12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)									
	13a		•								
	b Exemptions for estates and trusts only (see instructions)										
	С	Add lines 13a and 13b						13c			
	14							14	13,850.		
	15	Subtract line 1/1 from line 11 If a	zaro or lace	ontar_O_ This is vaur ta	vahla in	come		15	3 192		

Form 1040-NR (2	2023)									Page
Tax and	16	Tax (see instructions). Check if ar	ny from For	rm(s): 1	814 2 🗌	4972	3 🗌		16	318.
Credits	17	Amount from Schedule 2 (Form							17	0.
	18	Add lines 16 and 17							18	318.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 8812 (Forn	m 1040)			19	
	20	Amount from Schedule 3 (Form	20							
	21	Add lines 19 and 20	21							
	22	Subtract line 21 from line 18. If z	ero or less	s, enter -0					22	318.
	23a	Tax on income not effectively co	nnected w	vith a U.S. trade	or business fro	om				
		Schedule NEC (Form 1040-NR),	line 15 .			. 2	За			
	b	Other taxes, including self-empl	oyment ta	x, from Schedul	e 2 (Form 104	10),				
		line 21				. 2	3b			
	С	Transportation tax (see instruction	ons)			. 2	Зс			
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is yo	ur total ta	x					24	318.
Payments	25	Federal income tax withheld from	m:							
	а	Form(s) W-2				. 2	5a	1,292.		
	b	Form(s) 1099				. 2	5b			
	С	Other forms (see instructions)				. 2	5c			
	d	Add lines 25a through 25c							25d	1,292.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	22 return .				26	
	27	Reserved for future use				. 2	7			
	28	Additional child tax credit from S	Schedule 8	3812 (Form 1040)		. 2	8			
	29	Credit for amount paid with Form	n 1040-C			. 2	9			
	30	Reserved for future use				. 3	0			
	31	Amount from Schedule 3 (Form 1040), line 15								
	32	Add lines 28, 29, and 31. These	are your t o	otal other paym	ents and refu	undable	credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	These are your to	tal payments	s			33	1,292.
Refund	34	If line 33 is more than line 24, su	btract line	24 from line 33.	This is the an	nount y	ou overpaid		34	974.
	35a	Amount of line 34 you want refu						🗆	35a	974.
Direct deposit?	b	Routing number 0 4 4 0			c Type:	⊠ Ch	ecking	Savings		
See instructions.	d	Account number 7 6 6 8	8 6 0	9 1 7						
	е	e If you want your refund check mailed to an address outside the United States not shown on page 1,								
		enter it here.								
	36	Amount of line 34 you want app					6			
Amount	37	•								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	, , , , , , , , , , , , , , , , , , , ,								(F-2)
Third	Do you want to allow another person to discuss this return with the IRS? See instructions.									low. 🗵 No
Party	Designee's Phone Personal identifiname no. number (PIN)								fication	
Designee	name									
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Sign									sent you an Identity	
Here	Your	signature		Date Your occupation			I .		PIN, enter it here	
пеге				SOFTWARE ENGINEER (see ins					,	
	Phone	e no.		Email address				1,		
Doid		arer's name	Preparer	's signature		D	ate	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	RIYA RAM SAGAH	R GUPTA TALI	LAM 02	2/25/2024	P0208	2703	Self-employed
Preparer		s name GLOBAL TAXES						Phone		78) 965-9522
Use Only	Firm's address OAE DONNEY OF DEVINORITOR N.T. 00016									04 2171065

BAA

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number SONAL MISHRA 841-81-5052 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income				(-) 100/	# N 450/	() 000/	(d) Other (specify)			
	nature of income					(a) 10%	(b) 15%	(c) 30%	%	%
1	Dividends and divide	end equ	iivalents:							
а	Dividends paid by U.	.S. corp	oorations		1a					
b	Dividends paid by fo	reign c	orporations		1b					
С	Dividend equivalent p	ayment	ts received with respect to section 871(m) transactions	1c					
2	Interest:									
а	Mortgage									
b	Paid by foreign corpo	orations	8		2b					
С	Other				2c					
3	Industrial royalties (p	atents,	trademarks, etc.)		3					
4	Motion picture or TV	copyri	ght royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property income	e and n	atural resources royalties		6					
7	Pensions and annuiti	ies			7					
8	Social security benef	fits			8					
9			low		9					
10	Gambling – Residents of Canada only. Enter net income in column (c). If zero or less, enter -0									
а	Winnings									
b	Losses		<u> </u>	10c						
11	Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed				11					
12	Other (specify):									
					12					
13	•		columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffective	ly connected with a U.S. trade or busin	ess. Add colum	ns (a)	through (d) of line 14	1. Enter the total her	e and on Form 1040	-NR, line 23a 15	
			Capital Gains a	nd Losses F	rom	Sales or Excha	nges of Proper	ty	T	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).		16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	property sales or									
connec	ges that are effectively ted with a U.S. business	17 A	Add columns (f) and (g) of line 16 .					17	(
on Schedule D (Form 1040), Form 4797, or both.			Capital gain. Combine columns (f) an						er -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR Your identifying number 841-81-5052 SONAL MISHRA Of what country or countries were you a citizen or national during the tax year? INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: ⊠ No Yes 1. A U.S. citizen? X No If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. Ε If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. G Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States **Date departed United States** mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2021 ______, 2022 ______, and 2023 ______365 ____. ☐ Yes X No ı If "Yes," give the latest year and form number you filed: X No ☐ Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a No Yes Κ Yes ⊠ No ☐ No If "Yes," did you use an alternative method to determine the source of this compensation? Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, L complete (1) through (3) below. See Pub. 901 for more information on tax treaties. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? No Yes X No If "Yes," attach a copy of the Competent Authority determination letter to your return. Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United